



Letter to the Editor

Safety of prone positioning still unclear

To the editor:

The attempt to estimate the incidence and outcomes of prone positioning following police restraint¹ in Dr. Hall et al.'s recent work is a worthy one, given the continued controversy surrounding law enforcement-restraint related deaths; and the results found are an important contribution to the literature. Unfortunately the conclusions and recommendations the authors suggest far outreach the limits of the data they present.

It is both dangerous and scientifically unsound to conclude that the data presented "contradict a notion that prone positioning is a specific risk factor for sudden in-custody death." The fact that hundreds of patients placed prone did not die while one placed on his side did die does not provide any evidence of the effect of positioning. The authors do not discuss if they prospectively powered their study to find a difference; but given the exquisitely low incidence of in-custody death as a percentage of all law enforcement encounters (confirmed in the study), the 1269 cases presented here suggest that there are not nearly enough cases to provide any meaningful answers.

Although the authors admit that their results should not necessarily influence practice, they do not address the real issue, which is why patients are being placed prone in the first place. There is no documented disadvantage to placing a restrained patient supine, while there remains a strong theoretical² and observational³ risk of prone positioning. Unless supine positioning can be demonstrated

to be less safe to officers and caregivers, rather than simply less convenient, a potential increased risk of death cannot be justified.

Conflict of interest

None declared.

References

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2. Kupas DF, Wydro GC. Patient restraint in emergency medical services systems. *Prehosp Emerg Care* 2002;**6**:340–5.
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